

**ACADEMIC CREDIT AGREEMENT  
FOR FRANKLIN COUNTY FISCAL COURT  
CO-OP/INTERNSHIP PROGRAM**

Student must be participating in a school cooperative education/internship program and receive academic credit to participate in this program.

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip

Permanent  
Home Address: \_\_\_\_\_  
Street City State Zip

School Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Number of hours available to work each week: \_\_\_\_\_

Days of the week available to work: \_\_\_\_\_

Times available to work each day: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School Administration: \_\_\_\_\_

Student Status: High School: \_\_\_\_ Junior \_\_\_\_ Senior  
College: \_\_\_\_ Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior

Major Field of Study: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED AND SIGNED BY THE COUNSELOR OR  
CO-OP/INTERN COORDINATOR AT YOUR SCHOOL**

Are there certain types of positions this student must work with in order to receive academic credit?

---

I, \_\_\_\_\_, certify that, \_\_\_\_\_  
(Name of Co-op/Intern Coordinator) (Name of Student)

is currently enrolled as a full-time student and is recommended by the Co-op/Intern Coordinator of the school. This student will receive academic credit for participating in the Co-op/Internship Program.

Will this student be compensated by the educational institution? \_\_\_\_\_

---

Signature of Co-op/Intern Coordinator

Date